

System Change Form: Change in System
Delaware Certification Number DE-98304-SUN-01-0W
Facility Name Jarecki Solar
System Address 20143 Long Meadow Lane, Lewes, DE 19958
Contact Person Kris Jarecki
Seller Name Kris Jarecki
Buyer Name Joan Moses
Change Facility Name (if desired) Moses/Davidson Solar
Buyer Phone Number 646.733.7457
Buyer email address_jomo429@optimum.net
Buyer Mailing Address 36 Dawes Ave., Syosset, NY 11791
Ownership Change (please check which one applies)
o Change in System Ownership only
o Change in SREC Ownership only
R Change in System and SREC Ownership
Date of sale/change of ownership 99/10/15
Colenature of Seller X Ruste Chant
Signature of Buyer
(print name) hereby certify under penalty of perjury that:
The statements above are accurate; and
If any of the representations made in this form or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Delaware
Cortification number granted as a result of the representations made.
Name Lyn Mox
Date 9/22/15
Signature Jan Noc



## System Change Form

Please fill out the section(s) to indicate what update you need made to your system. The first section is required.

GATS System Name:	Moses/Davidson Solar		
GATS Unit ID:			
GATS Account Name:			
System Address:	20143 Long Meadow Lane Lewes, DE 19958		
Certification Number(s):	DE-98304-SUN-01-0W		
	CHANGE IN SYSTEM OWERSHIP		
Seller Name;	Kris Jarecki		
Buyer Name:	Joan Moses		
Ownership Change:	Change in System Ownership only Change in SREC Ownership only Change in System and SREC Ownership		
Date of Sale:	9/10/15		
Seller Signature;	X Vrushy Janey		
Buyer Signature:	X miles		
	CHANGE IN SYSTEM LOCATION		
Seller Name:	Oliginal In Olivinal Edwards		
Buyer Name;			
Ownership Change:	Change in System Ownership only Change in SREC Ownership only Change in System and SREC Ownership		
Date of Sale:	9/10/15		
Seller Signature:			
Buyer Signature:			

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## CHANGE IN SYSTEM SIZE

New System Size (kW)	
Date of Change	

	Module Quantity	Module Size	TIIL	Orientation
Array 1				
Апау 2				
Array 3				
Array 4				

Additional Comments:	
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And the same of th	

I altest that the statements above are accurate.

Name: Lyn Mox

Signature:

Date: 9/23/15

Please either email or fax this form to the GATS Administrator.

Email: GATSAdmin@pim-els.com

Fax: 610-771-4114

NOTE: Change Form will only be accepted if it is filled out completely and legibly.

All changes will be effective the date this form is received by the GATS Administrator.